STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

	1/	17/ //
I. Name of Lobbyist(s	s) Kl(V)	Mock
II. Name of lobbyist's	s,partnership, firm or corporation, if	anv:
D 1/1/27		
(Nan	ne of partnership, firm or corporation)	$\frac{1}{1}$
2 /2 ·	Harmel ST C	tila Ola Mandat 11th at
Business Address: (St	reet), (C/ Toyn/City)	(State) (CINCLESION (CINCATE)
773	-9466 -8886 (TOWNERS)	(State) (St
() (Telephone)	(-) 	
III. This statement co	overs: (Choose one – file senarate reno	orts for each client. OR you may file a senarate report for
reportable expense tr	ansactions which are not attributable	to any one client).
☐ All reportable tran	sactions occurring in the months prior to	the reporting date relative to the following client:
OD	(Full Name of Client as it appears on the L	obbyist Registration Form)
	and and book to be to the state of the state	
unrelated to any partic	actions by the lobbyist (including the loular client.	obyist's family), or the lobbying firm listed below which are
IV. Date of Report	April 26, 2017 🔲	July 26, 2017 □
	ity from date of registration to 3/31/17	
unrelated to any particular. IV. Date of Report Reports cover: activit V. There have been If this box is checked, of	October 25, 2017 🗌	
	activity from 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31/17
		e transactions made since the last report. The Secretary of State's Office, State House, Room 204,
VI. Check if addition	al reports are attached:	
☐ If you have receive	ed fees or made expenditures, you must	file Addendum A-Fees and Expenses
☐ If you have paid as Expense Reimburseme		ou must file Addendum B- Report of Honorariums or
•		outions, you must file Addendum C- Political Contributions
, , ,		
I have read RSA 15, R and complete to the be	st of my knowledge and belief.	hereby swear or affirm that the foregoing information is true $ \frac{\sqrt{22}}{\sqrt{2}} $
(Signature of lobbyist	y L Nock	/ (Dat e)